

## Medical Notes in Parliament

### Salary Increases in Universities

The increases in university teachers' salaries announced by Mr. BUTLER, Chancellor of the Exchequer, on November 16 "to enable the universities to maintain their standards of recruitment," included the following clinical posts:

*Professors.*—Salaries ranging from £2,500 to £2,850 a year. These may be increased to £3,100 in certain cases.

*Readers.*—Salaries within the range of maxima indicated for lecturers.

*Lecturers.*—Scales rising from £700 a year to maxima ranging from £1,750 to £2,400; or, in the case of lecturers holding posts of special responsibility such as the headship of an independent department, £2,750 a year.

Salaries in preclinical posts would be:

*Professors.*—From £2,250 to £2,850 a year.

*Readers.*—Within the maxima indicated for lecturers.

*Lecturers.*—Scales rising from £700 a year to maxima ranging from £1,450 to £2,050 a year.

In the non-medical posts, grants would be related to basic salaries for professors of £1,900 a year in universities and university colleges. Provision would continue to be made as at present for supplementation, and this would allow for a range of salaries up to £2,850 a year. Readers and senior lecturers will receive salaries with varying maxima up to £1,850 a year; lecturers, scales rising generally from £650 to £1,350 a year; and assistant lecturers, salaries ranging from £550 to £650 a year. An additional allowance of £50, within a maximum of £2,850, would continue to be paid to non-medical staffs of London University.

Mr. Butler also said that the question whether university fees should be increased was under consideration by the committee of vice-chancellors and principals, and if an increase was decided on it would be some time before it could be fully effective.

### Geriatric Units

Mr. K. VAUGHAN-MORGAN (Reigate, Con.) on November 15 asked the Minister of Health how many geriatric units were now established; how many beds were provided; and what was the approximate number of patients treated annually. Mr. IAIN MACLEOD informed him that according to the latest available information there were 59 such units for active treatment. These accounted for 20,500 of the total of 53,871 beds normally available for the chronic sick. He had no separate information of the number of patients treated annually in these units, but in the year ended December 31, 1953, there were 101,081 patients treated in beds allocated to the chronic sick.

### Leagues of Hospital Friends

Mr. S. AWBERRY (Bristol, Central, Lab.) asked the Minister of Health on November 15 if he was aware of the existence of the leagues of hospital friends in many towns and cities, and if he would encourage their formation and equip them to undertake certain tasks in hospitals which would free trained nurses for other and more important duties. Mr. IAIN MACLEOD replied, "Yes." He did everything in his power to encourage the development of leagues of friends and similar voluntary help in hospitals. He hoped that voluntary bodies everywhere would be ready to offer, and hospital authorities to accept, personal service of the kind suggested wherever it could appropriately be done.

### Identification of Babies

Lieutenant-Colonel W. H. BROMLEY-DAVENPORT (Knutsford, Con.) asked the Minister of Health on November 15 what were the principal systems adopted in maternity hospitals to ensure that newly born infants were assigned to the right mothers; what advice had been given by his department in this connexion; and what steps had been taken by his department to compare the arrangements in this country

with those in overseas countries. Mr. IAIN MACLEOD said the principal method was for a fixed bracelet of adhesive or linen tape bearing the mother's name to be attached to a baby's wrist at birth. He had given consideration to the suggestion of foot-printing, but it appeared to offer no real advantages, and he was informed that methods in general use in other countries did not differ materially from the one he had described.

Miss IRENE WARD (Tynemouth, Con.) on November 19 asked whether, in order to double-check the assignment of newly born babies to the right mothers, a linen tape bearing the mother's name could be attached to each wrist at the baby's birth instead of on only one. Mr. MACLEOD told her that he was arranging for this suggestion to be considered, together with others he had received.

### Old-age Pensioners' Food

Dr. CHARLES HILL, Parliamentary Secretary, Ministry of Food, supplied Mr. E. LEATHER (Somerset, South, Con.) on November 15 with figures showing the estimated energy value and nutrient content of old-age pensioners' domestic food consumption (per head per day) over the past four years. He pointed out that for the last full year for which figures were available (1953) consumption of every nutrient except one was higher than in 1951. Mr. BOTTOMLEY (Rochester and Chatham, Lab.) said the Economic Survey showed that for the country as a whole food values were down for last year. Could the Minister explain how they were up in the case of old-age pensioners? Dr. HILL replied that this was a statistical survey used by both Governments, and Labour members should not begin to question its statistical validity just because it did not suit them.

### Bogus Doctors

Mr. R. RUSSELL (Wembley, South, Con.) asked the Minister of Health if he would co-operate with the appropriate departments in obtaining greater security against the danger of bogus doctors, many cases of which had been reported in recent months, and if he would accept as a basis the scheme which had recently been sent to him. Mr. IAIN MACLEOD stated on November 18 that the *Medical Register* was publicly available, and he did not think that special measures such as those suggested by Mr. Russell were necessary or practicable.

### Prescribing For Private Patients

Mr. JOHN HALL (Wycombe, Con.) on November 22 asked the Minister of Health what was the average cost per person of pharmaceutical medicines prescribed under the Health Service during the past financial year, after allowing for the prescription charge; what was the estimated number of private patients; and what was the estimated cost of extending to private patients the right for which they paid of obtaining medicine on the same basis as National Health Service patients. Miss PAT HORNSBY-SMITH, Parliamentary Secretary, said the answer to the first question was about 19s. Precise estimates to answer the other questions were not available. Nor was the Minister clear what Mr. Hall had in mind when he referred to the right for which private patients paid. Mr. HALL said that if all private patients joined the Health Service the cost, whatever it might be, would have to be borne by the State. Was it the Government's policy to destroy private practice? Miss HORNSBY-SMITH said she could not accept that assumption. The Service was not denied to anyone who chose to accept it.

Mr. HALL asked if the Minister would amend the National Health Service Act, 1946, so as to allow those who elected to become private patients to utilize the other facilities provided by the Act. He was referred to a reply given last July. Mr. HALL then asked if the Government had abandoned the policy announced in *The Right Road for Britain* in 1949, that private patients should be allowed drugs on the same basis as all other contributors to the Health Service. Miss HORNSBY-SMITH replied that the major cost of the Service was paid for out of taxation and not by insurance contributions. The concession asked for would cost

a substantial sum, and there were higher priorities. Dr. EDITH SUMMERSKILL (Fulham, West, Lab.): Would the Parliamentary Secretary agree that if this concession were allowed the Ministry would have to exercise control over the doctors who practise privately? Miss HORNSBY-SMITH: Certainly I would agree.

Mr. HALL asked the Minister of Health what was the evidence referred to in the report of the Committee on General Practice in the Health Service which led the committee to the conclusion that many doctors who wished to use the Service to prescribe for private patients were unwilling to enter into any contract with or to submit to any conditions within the Service. Miss HORNSBY-SMITH stated that the proceedings of the committee were confidential, and the Minister was not in a position to supply any information on this point.

*Insecticides on Fruit.*—Dr. CHARLES HILL stated on November 15 that he believed oranges were now unaffected by thiourea. A careful watch was being kept on certain other imported fruits, such as pears, for any remains of insecticides.

*Air Pollution Report.*—The MINISTER OF HOUSING AND LOCAL GOVERNMENT stated on November 16 that he had received the final report of the Beaver Committee on air pollution, and was arranging for its publication without delay.

*Merit Awards for Dentists.*—The MINISTER OF HEALTH stated on November 18, in answer to Mr. A. SKEFFINGTON (Hayes and Harlington, Lab.), that in England and Wales nine persons, all holding dental qualifications, were in receipt of distinction awards in connexion with the Hospital Service.

## Medico-Legal

### DEATH FROM ORANGE PITH

The death of a man aged 54 from acute intestinal obstruction due to undigested orange pith was the subject of an inquest at Lewisham held by Mr. W. R. H. Heddy, coroner, on November 5. About a month previously the patient had complained of pains in the stomach, and his doctor prescribed a powder for them. On November 1 the patient's wife was out at work during the day, and when she returned at 6.30 p.m. she found her husband writhing in pain on the settee. He had returned from work about 10.30 a.m. that day. She called the doctor, who came and diagnosed gastritis, prescribing a powder. At 2 a.m. that night the patient was in very great pain, and his wife asked the doctor to attend. That day, November 2, the patient was admitted to hospital at 12.10 p.m. and he died at 5.40 p.m. In reply to a question from the coroner, the patient's wife said that at no time during his illness did her husband associate his symptoms with anything he had swallowed. At the post-mortem examination, Dr. A. C. Hunt, pathologist, found a rolled-up undigested piece of orange 2 in. (5 cm.) in diameter, consisting mainly of pith, firmly impacted in the ileum about 3 ft. (1 m.) above the ileo-caecal junction. The small intestine above the impaction was grossly dilated right up to the stomach by fluid. A verdict of misadventure was returned.

### RADON DEATH

The death of a 42-year-old man from malignant disease 20 years after exposure to the radon that caused it was the subject of an inquest held by Mr. K. H. Digby at Southwark on October 15 and 22. In 1934-5 the man worked for a year at the Radium Institute, London, W.1, as a laboratory assistant. His job was to fill radon into capsules. His hands became scaly; he was told his blood count was not up to standard and was advised to give up this work. Subsequently his hands gave him a great deal of trouble and pain, and in 1953 he had a tumour removed from under his right arm. Latterly he had been gravely ill with ulceration of malignant growth in the right axilla and over the adjacent chest. A verdict of misadventure was returned, the man's death being due to acute suppurative bronchopneumonia following radium cancer of the arm.

## INFECTIOUS DISEASES AND VITAL STATISTICS

Summary for British Isles for week ending November 6 (No. 44) and corresponding week 1953.

Figures of cases are for the countries shown and London administrative county. Figures of deaths and births are for the 160 great towns in England and Wales (London included), London administrative county, the 17 principal towns in Scotland, the 10 principal towns in Northern Ireland, and the 14 principal towns in Eire.

A blank space denotes disease not notifiable or no return available. The table is based on information supplied by the Registrars-General of England and Wales, Scotland, N. Ireland, and Eire, the Ministry of Health and Local Government of N. Ireland, and the Department of Health of Eire.

CASES in Countries and London	1954					1953				
	Eng. & Wales	Lond.	Scot.	N. Ire.	Eire	Eng. & Wales	Lond.	Scot.	N. Ire.	Eire
Diphtheria .. ..	14	1	5	0		20	1	4	0	
Dysentery .. ..	468	38	210	3	1	232	35	137	2	1
Encephalitis, acute ..	3	0		0		2	1	1	0	
Enteric fever:										
Typhoid .. ..	2	0	0	0	2	0	0	1	1	0
Paratyphoid .. ..	14	0	11	0		11	1	1	0	
			(B)							
Food-poisoning .. ..	164	11		2		156	35		0	
Infective enteritis or diarrhoea under 2 years .. ..				13	13				15	32
Measles* .. ..	4,635	285	572	167	73	742	13	41	9	137
Meningococcal infection .. ..	19	1	14	0		30	5	8	2	
Ophthalmia neonatorum .. ..	32	3	9	0		21	1	10	1	
Pneumonia† .. ..	351	30	143	4		403	25	103	5	
Poliomyelitis, acute:										
Paralytic .. ..	36	1	26	2	2	81	5			11
Non-paralytic .. ..	23	1				45	3	24	8	
Puerperal fever§ .. ..	240	55	13	1	1	296	42	16	1	1
Scarlet fever .. ..	636	27	155	36	32	1,062	55	189	40	53
Tuberculosis:										
Respiratory .. ..	700	82	137	14				147	19	
Non-respiratory .. ..	89	2	17	1				24	6	
Whooping-cough .. ..	1,953	98	124	19	33	2,096	127	229	40	33

DEATHS in Great Towns	1954					1953				
	Eng. & Wales	Lond.	Scot.	N. Ire.	Eire	Eng. & Wales	Lond.	Scot.	N. Ire.	Eire
Diphtheria .. ..	0	0	0	0	0	0	0	0	0	0
Dysentery .. ..	0	0		0		0	4		0	
Encephalitis, acute ..		0		0			0			0
Enteric fever .. ..	0	0	0	0		0	0	0	0	
Infective enteritis or diarrhoea under 2 years .. ..	5	0	0	1	1	7	1	2	1	3
Influenza .. ..	9	0	2	0	1	10	1	0	0	0
Measles .. ..		0	1	0	0		0	0	0	0
Meningococcal infection .. ..		0	0				1	0		
Pneumonia .. ..	160	16	21	3	8	176	23	12	5	5
Poliomyelitis, acute ..	4	0			1	5	0		1	0
Scarlet fever .. ..		0	0	0	0		0	0	0	0
Tuberculosis:										
Respiratory .. ..	59	6	9	1	7	93	6	8	2	5
Non-respiratory .. ..										
Whooping-cough .. ..	3	0	0	0	1	0	0	0	1	0
Deaths 0-1 year .. ..	189	22	27	3	6	192	23	35	3	16
Deaths (excluding stillbirths) .. ..	4,810	702	518	88	163	4,931	733	533	97	141
LIVE BIRTHS .. ..	6,701	1021	794	201	389	7,253	1065	844	198	305
STILLBIRTHS .. ..	196	20	23			203	35	28		

\* Measles not notifiable in Scotland, whence returns are approximate.

† Includes primary and influenza pneumonia.

§ Includes puerperal pyrexia.